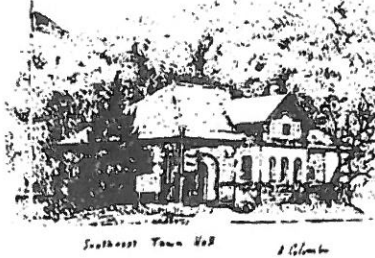


Town of Southeast
1 Main Street, Brewster, New York 10509

MICHAEL J. LEVINE
Building Inspector

JOE HERNANDEZ
Assistant Building Inspector

Telephone (845) 279-2123
Fax (845) 279-3137



Approve	Yes /No	Initial	Date
Need Information			
Review By Building Insp.			
Review By Zoning			

**ACCESSORY APARTMENT PERMIT
RENEWAL APPLICATION**

Application must also include one copy of the following:

Copy of property survey **stamped and signed by a Licensed Surveyor**, at a scale of 40:1, showing all buildings, structures, walks, drives, other physical features of the premises, and the number, location, and access of existing on-site vehicle parking facilities (*not required if a survey is already on file and no changes have been made*).

Proof of Septic System cleaning within the past 3 years and satisfactory well water test results for coli form bacteria within the past 6 months.

Copy of Certificate of Occupancy (ie) for the structure (*not required if a copy is already on file*)

Floor plans of the Principal Dwelling and the Accessory Apartment (*not required if such plans are already on file and no alterations have been made*)

LOCATION OF PREMISES (911 address) _____ TAX MAP ____ / ____ / ____

OWNER _____ ADDRESS _____ PHONE _____
EMAIL _____

MANAGING AGENT OR OPERATOR _____
ADDRESS _____ EMAIL _____ PHONE _____

LOCATION OF ACCESSORY APARTMENT WITHIN THE BUILDING: _____

DESCRIPTION OF ACCESSORY APARTMENT WITHIN THE BUILDING:

TOTAL NO. OF ROOMS _____ NO. OF BEDROOMS _____ DIMENSIONS OF EACH BEDROOM _____

NO. OF BATHS _____ NUMBER OF OTHER ROOMS _____ DIMENSIONS & USE OF OTHER ROOMS _____

DESCRIPTION OF OCCUPANTS IN THIS UNIT:

NUMBER TENANTS IN THIS UNIT _____

REQUIRED FEE

TOTAL FEES for 3 Year Accessory Apartment Permit \$ 300.00

I, (please print) _____ the OWNER or OPERATOR OF PREMISES (circle one), do hereby certify that the above statements are true to my knowledge.

Signature of Applicant _____ Date _____